

# Employer's health insurance

Insurance product information document

AAS "BTA Baltic Insurance Company"



This information document provides an overview of employer-based health Insurance and it is not a personal proposal. It. The terms and conditions of the employer's health insurance contract can be found in other documents, such as the quote, the terms and conditions of insurance and the policy.

## What type of Insurance is it?

Employer's health Insurance is a voluntary Insurance and meant for Policyholders employees that supplements national health Insurance. Employer's health Insurance covers the necessary costs provided in the policy.



## What is covered?

Depending on the insurance risks chosen when entering into the contract, the insurance covers:

- ✓ outpatient care;
- ✓ inpatient treatment or hospitalisation;
- ✓ compulsory occupational health check;
- ✓ psychiatric and psychological counselling;
- ✓ prenatal care and childbirth;
- ✓ outpatient rehabilitation;
- ✓ inpatient rehabilitation;
- ✓ prophylactic examination;
- ✓ dental treatment (standard or extended additional insurance cover);
- ✓ prescribed medicine;
- ✓ optics (supply of optical product);
- ✓ critical illness.

The Insured Person is the Policyholder's employee or the employee's Family Member, as defined by name in the insurance contract, if this has been separately agreed with BTA in a format that can be reproduced in writing.

The indemnification obligation of the insurer is limited only to the insurance cover, indemnification rate and insurance limit noted on the policy.

Every service provided to you corresponds to one specific insurance cover.



## What is not covered?

- ✗ medicine service and/or method;
- ✗ an anonymous consultation;
- ✗ cosmetic, aesthetic, plastic and/or reconstructive surgery;
- ✗ organ or tissue transplant;
- ✗ occupational or speech therapy;
- ✗ diagnosing and/or treatment of congenital, sexually transmitted, fungal and/or oncological diseases and/or disorders;
- ✗ home visit;
- ✗ over-the-counter or non-prescription medicines;
- ✗ the cost of gastric bypass surgery (all types) or surgery to correct visual acuity;
- ✗ parking, food and/or accommodation;
- ✗ seminar, training, coaching;
- ✗ the cost of a visit to a spa, swimming pool, sports club;
- ✗ the cost of not coming to a visit or cancelling an appointment;
- ✗ other exclusions set out in the [BTA Insurance General Terms & Conditions](#) and the [Health Insurance terms and conditions](#).



## Are there any restrictions on insurance coverage?

Inpatient care, i.e. hospitalisation, must be agreed with the insurer in advance. You can e-mail your request to [kahjud.ravi@bta.ee](mailto:kahjud.ravi@bta.ee).

For instance, the insurance does compensate for:

- ! service provided without a medical indication;
- ! services caused by an infectious disease covered by an epidemic, pandemic or outbreak of infection that has caused an emergency in the state;
- ! a service that was provided outside the insurance territory specified in the policy;
- ! a service if its provider doesn't hold a valid activity license or professional certificate for the provision of the respective service;
- ! a service provided outside the insurance period;
- ! other exclusions set out in the BTA General Terms & Conditions of Insurance and the General Terms & Conditions of Employer's Health Insurance.



## Where am I insured?

- ✓ The insurance applies within the territory specified in the insurance policy.



## What are my obligations?

- Your main obligation is to pay the insurance premium.
- You must inform the insurer of all facts known to you when entering into the contract and you may not present false data to the insurer.
- The insurer must be notified of the circumstances concerning the selected insured risks and any changes to them.
- The insurer must be immediately notified of an insured event by the phone number +372 5 68 68 668, e-post address [ravi.kahjud@bta.ee](mailto:ravi.kahjud@bta.ee), through [BTA webpage self-service](#) or BTA mobile application "[BTA Eesti](#)"



## When and how do I pay?

The insurance premium and the payment deadline are specified in the policy and the invoice. The payment is usually made by bank transfer on the basis of an invoice. The payment deadline during which the premium must be paid is specified in the proposal if the employer's health insurance contract is deemed to have been entered into after the payment of the premium.



## When does the cover start and end?

The cover becomes effective on the start date of the insurance period on the condition that the insurance premium has been paid by the due date reflected in the invoice. If the Employer's health insurance contract is deemed to have been concluded upon payment of the payment, then the insurance coverage shall be valid no earlier than the receipt of the insurance payment to the Insurer's (insurance broker's) account.

Insurance coverage ends at 00:00 on the last day of the insurance period.



## How can I terminate the insurance contract?

In order to terminate an employer's health insurance contract, the policyholder must submit a request to the insurer in a format that can be reproduced in writing. In general, the insurance contract can only be terminated early by mutual agreement between the policyholder and the insurer or on bases provided by law